

# Yemen



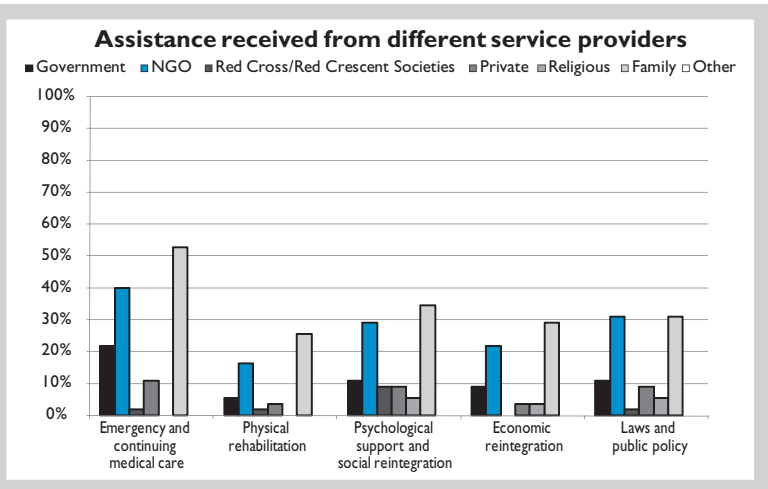
## Country indicators

- **Conflict period and mine/ERW use:** Yemen is contaminated by mines and ERW, particularly in the south and the border between north and south due to conflict since 1962 (1962-1975 in the north; 1963-1967 in the south; 1970-1983 leftist guerilla conflict; 1994 separatist war; 2004-ongoing Shi'ite insurgency in the north ).<sup>1</sup>
- **Estimated contamination:** As of August 2008, an estimated 243 km<sup>2</sup> was suspected of mine/ERW contamination.<sup>2</sup>
- **Human development index:** 153<sup>rd</sup> of 179 countries, low human development (compared to 149<sup>th</sup> in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$950 – 169<sup>th</sup> of 210 countries/areas (compared to US\$615 in 2004).<sup>4</sup>
- **Unemployment rate:** 35% (compared to 35% in 2004).<sup>5</sup>
- **External resources for healthcare as percentage of total expenditure:** 24.6% (compared to 15% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** 10 per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Yemen ratified both the Convention and its Optional Protocol on 26 March 2009.<sup>8</sup>
- **Budget spent on disability:** Unknown; the VA program received government funding (matched with international funding), but it was inadequate and was cut in 2008.
- **Measures of poverty and development:** Yemen is one of the poorest countries in the Middle East, dependent on declining oil reserves. Some 45% of the population lives below the poverty line. Development is hampered by rapid population growth and increasing unemployment. Even though it is one of the “least developed countries,” it received little development assistance until a US\$5 billion aid plan was launched in 2006 to help Yemen reach its Millennium Development Goals; it was otherwise unlikely to reach all but one goal.<sup>9</sup>

## VA country summary

Total mine/ERW casualties since 1962: At least 5,068			
Year	Total	Killed	Injured
2004	18	9	9
2005	35	9	26
2006	18	7	11
2007	26	5	21
2008	22	10	12
<b>Grand total</b>	<b>119</b>	<b>40</b>	<b>79</b>

- **Estimated number of mine/ERW survivors:** Unknown, but at least 2,445.
- **VA coordinating body/focal point:** The VA department of the Yemen Executive Mine Action Center (YEMAC) coordinates VA without any systematic connection to other relevant bodies.
- **VA plan:** VA is included in the mine action plans and a four-phased assistance program is followed.
- **VA profile:<sup>10</sup>** Between 2005 and 2009, VA was implemented by YEMAC in much the same way it has been since 2001. The YEMAC program consists of four phases: visiting mine/ERW survivors, medical examination of their needs, medical and physical rehabilitation assistance, and socio-economic reintegration. The socio-economic reintegration component, delegated to an NGO and started in September 2004, has been defunct since 2005 due to a lack of funding and capacity. Psychosocial support is not provided as it was not considered a priority, nor is there funding for it. In essence, YEMAC covers the cost of treatment, transport and accommodation of mine/ERW survivors who receive services through the regular health and rehabilitation networks; it also provides emergency evacuation. All services are centralized in the main cities (Sana'a, Aden and Ta'izz), whereas survivors almost always live in remote, rural areas requiring them to travel long distances and spend time away from home. This is especially problematic for women, who often need a male caretaker to accompany them. Basic healthcare is free of charge, but ongoing medical care and medication are not. Hospitals in major towns are not well-equipped or staffed, but can perform the necessary procedures. Physical rehabilitation centers are dependent on international support, which has decreased significantly since 2005, compelling the ICRC to expand its support in 2007. Economic opportunities for persons with disabilities and survivors were limited throughout the period, pensions were insufficient, and discrimination remained prevalent. The disability sector in Yemen is relatively well-developed and coordinated, but lacks



financial and human resources. Again, most services are urban-based, while community-based rehabilitation (CBR) is “virtually non-existent,” resulting in only 1.5% of persons with disabilities having access to services and women with disabilities having even less access.<sup>11</sup> Mine/ERW survivors were almost never integrated into or aware of broader disability programs. There also have been reports of survivors being seen as “special cases” already receiving assistance elsewhere.<sup>12</sup>

## VA progress on the ground

### Respondent profile

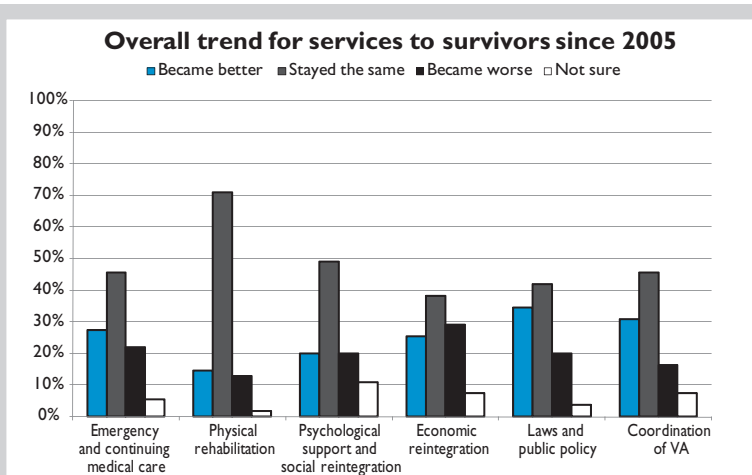
By July 2009, 55 survivors had responded to a questionnaire on VA progress in Yemen since 2005: 32 men, 18 women, three boys and two girls. Respondents ranged from 14 to 80 years old, with 55% between the ages of 21 and 40. Thirty people (55%) were heads of households and just 18% owned property. Respondents came from the mine-affected areas in al-Dhale, Ibb, Abyan, Lahej and al-Bayda, but also from Aden, Ta'izz and Sana'a. Most people lived in villages with limited services (30 or 55%), five lived in remote areas without services and 19 lived in a large city or the capital. One woman did not have a fixed residence and had to move between different family members.

Just 11% of respondents said their income was sufficient; 78% said it was insufficient and the rest did not respond. Just one person had been unemployed prior to the incident; 15 had been in school at the time (including three who were still minors at the time of the survey). After the incident, five said they were unemployed and 23 did not provide an answer.<sup>13</sup> Those who responded to the question all said their disability was the reason for them losing or changing their job. Almost half of the respondents (45%) were illiterate and only 33% made it past primary education. Most people experienced their incident when young. The respondents' profile corresponds to the casualty profile in Yemen, where most incidents occur in remote areas, often to young people. Women and children form a significant proportion of casualties as they are traditionally in charge of tending animals or collecting wood and food; girls are at particular risk.

### General findings

Overall, the vast majority of respondents felt services had remained the same and had been limited since 2005, particularly in the area of physical rehabilitation and economic reintegration. Three-quarters of respondents did not feel there were more services, and 73% did not think services were better compared to 2005. People living in major cities noted more improvement (32% compared to 22% elsewhere). Some 16% thought services for women were “absent” compared to those for men; 20% thought women's services were “worse”; 31% thought services were “equal”; and 31% thought women's services were “better” than services for men.<sup>14</sup> Women and girls responded more positively than men: 35% of women and 35% of girls said women's services were “equal” or “better”. Some 58% said services for children were “never” or “almost never” adapted to their age level, a finding that should be accurate, as many respondents were young when they experienced their incident.

Nearly 31% of respondents had never been surveyed by the government or NGOs since 2005; 15% had been surveyed three or more times. Some 65% said this had resulted



in their receiving more information about services. But it only led to 38% actually receiving more services, while just 27% reported less difficulty getting a pension or feeling listened to. Some 36% had been given a chance to explain their needs to government representatives. These results are surprising given the set-up of the YEMAC VA program, as recorded survivors are systematically interviewed to determine whether they need services. According to YEMAC, 2,033 files had been opened to March 2009 and 81% of these had

received services (there are fewer than 2,500 recorded survivors in Yemen).<sup>15</sup> However, these results correspond to reports from government and survivors that not all of those identified in the Landmine Impact Survey of 2000 had been visited or assisted and that it was challenging to receive follow-up care after the first treatment.<sup>16</sup> It might also mean that respondents have been visited prior to 2005 but not since.

### Emergency and continuing medical care

Nearly half of all respondents (45%) felt medical care had stayed the same since 2005; 27% saw progress; and 22% saw deterioration.<sup>17</sup> Most of those seeing progress lived in cities; none were from remote areas. More than half of all respondents (55%) thought survivors “never” or “almost never” received the medical care they needed and 29% found this “sometimes” to be the case. Nearly one-quarter thought complicated medical procedures could be carried out more than before. For the remaining progress indicators, fewer than 15% of respondents saw improvement in areas such as more suitable medication or equipment in facilities, better trained staff, better physical access, more emergency transport and first aid workers, or easier referrals. The least progress (4%) was noted in receiving healthcare closer to home, while only 5% thought government support for healthcare had increased. Half of the practitioners also thought that medical care had remained the same and none thought there were more centers in mine-affected areas. At best, practitioners thought that the government had maintained its efforts.

These results correspond with the situation in Yemen, where healthcare in rural areas is scarce and difficult to reach, particularly for persons with disabilities. Complex procedures need to be carried out in the main cities (mostly Sana’a, Aden and Ta’izz) and are not free of charge. A general lack of human resources, medication and equipment was reported throughout the period.<sup>18</sup> The only service provider for mine/ERW survivors is the YEMAC VA program, which has to group people together for transport to one of the main cities, provide them board and lodging, and cover the cost of their treatment. These results also confirm a 2006 Geneva International Centre for Humanitarian Demining (GICHD) evaluation finding that, “most [survivors] had not heard of the Yemeni Landmine/UXO Victim Assistance Program and are managing the best they can without adequate medical... support.”<sup>19</sup> Emergency and basic care is free in principle, but many survivors report having to pay. YEMAC has tried to provide emergency evacuation but most survivors did not see progress in this area, either because of problems with the terrain and a lack of more general improvements by the government, or simply because they did not need this type of assistance. A Ministry of Public Health and Population (MoHP) evaluation of the health infrastructure and subsequent improvements scheduled for 2006 has not yet been undertaken.

### Physical rehabilitation

The vast majority of people (71%) said physical rehabilitation has remained unchanged since 2005 (15% reported improvement; 13% reported deterioration; one did not respond).

However, 58% believed survivors “never” received the physical rehabilitation they needed and 22% found this “almost never” to be the case. Overwhelmingly, survivors did not perceive progress in any of the specific progress indicators. The area where most progress was seen (albeit by just 13% of respondents) was in the quality of mobility devices. Fewer than 10% saw progress on all other indicators, such as better trained staff, better facilities, better physical therapy, or shorter waiting lists. The option of accessing services closer to home and the availability of mobile workshops scored 5% or less in terms of progress. Again, practitioners concurred, as 75% thought that physical rehabilitation had remained unchanged. A majority thought that, overall, the government had reduced its efforts, particularly in infrastructure, follow-up, and replacement devices.

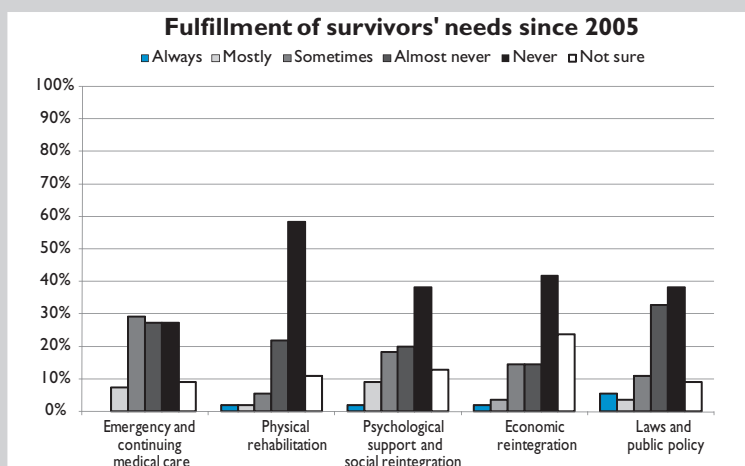
This can be explained by the fact that the YEMAC program has not changed fundamentally since 2001. Therefore, those receiving assistance through YEMAC would have received the same services as before. Physical rehabilitation is only available in the main cities and in one mine-affected, remote area (al-Mukalla in Hadramawt governorate), making it difficult to reach the centers. In 2005, Yemen assessed that there was no need for community rehabilitation workers, and thus no efforts have been made to bring services closer to the people.<sup>20</sup> The absence of positive responses for specific progress indicators can be explained by the challenges the physical rehabilitation sector has faced since 2004. This is in part due to unclear government responsibility for physical rehabilitation, in which both the MoHP and the Ministry of Labor and Social Affairs provide financial support to the sector. However, each ministry provides insufficient support and it is impossible to obtain simultaneous funding from the two ministries. Challenges are also due to the departure of two international NGOs that supported the sector in 2005-2006. This resulted in funding gaps, personnel losses, a lack of materials in the Aden and Tai'zz centers, and the ill-functioning of the physiotherapy units in Aden due to a lack of staff capacity. Both ministries declined responsibility for taking over the Aden center, resulting in the ICRC expanding its operations to cover the center in mid-2007. Again, a MoHP assessment scheduled in 2006 was never conducted.

### Psychological support and social reintegration

Nearly half of all respondents (49%) said psychological and social support services had remained unchanged since 2005; 20% saw improvement and 20% saw deterioration.<sup>21</sup> Just 11% said survivors “mostly” or “always” received the psychosocial support they needed. However, compared to medical and rehabilitation assistance, more people saw improvement in individual areas for this type of support. Some 35% thought psychosocial services were now considered equally important to other services and 31% believed there is less stigma associated with seeking this type of support. Also, 25% believed survivors were no longer considered as “charity cases”; 27% had become more involved in community activities; and 15% had actually become involved in psychosocial activities for other survivors. Three-

quarters of practitioners found that psychosocial services had deteriorated and they usually thought that the government “did nothing” to improve the sector.

While the survivor responses are not overly positive, they are at odds with the total lack of government support for survivors in this area. While there are some counseling centers in Aden and Sana'a, no survivors have been assisted through them. Between 2005 and 2009, YEMAC did not conduct psychosocial activities due to lack of funding. YEMAC further noted



throughout 2005-2009 that psychosocial support was not a priority because survivors received this support in the family network.<sup>22</sup> The 2006 GICHD evaluation “emphasized that mental health care needs were sometimes as important as physical health needs” and needed to be incorporated into services.<sup>23</sup> Therefore, the positive responses in this area are likely related to the fact that the two national organizations conducting the survey also carry out activities in these communities, and some respondents are either members or beneficiaries of these organizations. A CBR network also exists, but it does not work specifically with mine/ERW survivors, has many competing priorities, and needs strengthening, as it mainly works through volunteers.

### **Economic reintegration**

Among respondents, 29% believed economic reintegration opportunities had become worse since 2005 and 38% thought the situation remained unchanged. Some 42% of people found that survivors “never” received the economic reintegration opportunities they needed, while 15% said this was “almost never” the case. Just 5% said survivors “mostly” or “always” received the opportunities they needed. Nearly all survivors (95%) thought they would be the last to be chosen for a job, while just 10% thought economic reintegration of survivors was a government priority. One-fifth said employment quotas were better-enforced. Less than 15% of respondents saw improvements on other progress indicators, such as decreased discrimination, higher pensions, vocational training better meeting market demand, more educational or employment opportunities, increased awareness, or better-trained teachers. Half of the practitioners thought that economic reintegration opportunities had deteriorated since 2005.

This corresponds with the challenges YEMAC has faced in creating a successful economic reintegration component. In 2004 YEMAC supported the creation of an NGO (the Yemen Association for Landmine and UXO Survivors, YALS) for this purpose, but this organization has faced financial and capacity challenges ever since a one-off Japanese grant ended at the end of 2005. A small number of people have continued to be trained, but far fewer than the 500 survivors to whom YEMAC aimed to provide economic opportunities in 2005-2009.<sup>24</sup> Several other organizations work on vocational training and economic reintegration for persons with disabilities and occasionally include survivors, but YEMAC does not appear to refer people to these centers (for example, in Aden where it does refer people for physical rehabilitation but not for economic reintegration). Other initiatives exist through the Social Fund for Development (SFD), a semi-autonomous body with a wide variety of programs for vulnerable groups, but survivors’ access in affected areas appears to be limited. Rising unemployment (since 1994) and the lack of opportunities in rural areas were further obstacles for survivors and other persons with disabilities. Only an estimated 12% of persons with disabilities were employed and 0.07% had received government support to access education.<sup>25</sup> Pensions were insufficient and only received by some 10% of persons with disabilities. Most of the survivors responding more positively in the survey had received support through the NGO to which YEMAC delegated its economic reintegration work.

### **Laws and public policy**

Some 35% of respondents said their rights were more respected compared to 2005, while 42% said the situation had remained the same. However, 71% thought survivors “never” or “almost never” had their rights fulfilled. When looking at specific areas of progress, 38% thought awareness of survivors’ rights had increased, 33% thought discrimination had decreased, and 25% said they received more information about their rights. The areas of least progress were enforcement of legislation (15% saw improvement) and government representation (7% saw improvement). Practitioners were much more positive, as 75% saw progress. They noted improvement in the development of new policies and decreased discrimination. Least progress was perceived in the enforcement of legislation.

This relatively positive response is likely not linked to YEMAC's activities, as it has never focused on rights issues or awareness raising. Such efforts were left to NGOs, which have been active on the issue and have increased their efforts since Yemen signed the UNCRPD, particularly Save the Children. The SFD ran awareness campaigns and a large disability project was started by the World Bank with the aim of assisting the government in creating a disability strategy. YALS' limited activities have also aimed to lobby for the rights of survivors and to increase awareness.

When asked how they would respond if survivors in Yemen were to say that their situation had stayed the same over the last five years, YEMAC said this would be "a credit to YEMAC as it has managed to maintain the level even when there was no money and no capacity."

## VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	NO	NO
2006	YES	YES	YES	NO	NO
2007	YES	YES	YES	YES	NO
2008	YES	NO	YES	YES	NO
2009	YES	YES	N/A	NO	NO

Note: Yemen actually provides VA information in Form I of its Article 7 transparency report, not in Form J.

Between 2005 and 2009, Yemen continued the VA program it has been running since 2001. The VA program is run exclusively by the VA department of the mine action center YEMAC, and is not integrated with any other disability, health or development initiatives in the country. In May 2009, the YEMAC director said the VA program was barely functional due to a severe funding problem.

Yemen's main reason for becoming part of the 26 countries with the greatest numbers of survivors and, therefore, the greatest responsibility to act, but also the greatest needs and expectations for assistance was to increase its receipt of international financial support. However, in May 2009, YEMAC said it had "not gotten anything" out of the VA26 process. Throughout 2005-2009, YEMAC's VA program operated on decreasing international funding and limited national funding. The funding allocated constituted a minimal part of the center's entire mine action budget. No international funding has been allocated to VA since 2007. In 2008-2009, the government funding to YEMAC was cut by 50% due to the economic slowdown; the reduced budget was earmarked for mine clearance, according to YEMAC.

As part of its commitment to the implementation of the Nairobi Action Plan, Yemen presented its largely SMART objectives in November 2005. Plans were detailed in 2007, but were restricted to the implementation of the four-phase program that has been in place since 2001. In 2009, YEMAC reiterated there was no reason to change the program, because "we think it is a good approach, tangible for survivors." Yemen has remained substantially below achieving its target to assist 500 people per year (and 2,000 in 2005-2009) in the first three phases, assisting 1,638 people since 2001. Fewer than 500 survivors have received economic reintegration support.<sup>26</sup> Survivors' responses also seem to indicate that the centralized, largely medically-oriented program does not fulfill their more varied needs. Just 15% said their needs were taken into account when setting VA priorities.

Some of the objectives relate to work to be implemented by ministries, such as assessment of the health and rehabilitation sector, implementation of a disability strategy, and the establishment of vocational training centers. However, YEMAC has never reported on these, stating in 2008 that it "was solely responsible for achieving the 2005-2009 objectives."<sup>27</sup> Coordination with ministries and other organizations is limited to referral of survivors. Nevertheless, several international assessments urged YEMAC to connect with other social and development programs more often.<sup>28</sup>

Over the years, YEMAC's coordination with other bodies has actually decreased. YEMAC's own Victim Assistance Advisory Committee – which prior to 2005 was an active body comprised of NGOs and government stakeholders – first started to reduce the participation of NGOs to such a low point that they were no longer invited in 2007. Secondly, it began to meet “only when needed,” which was very irregularly. The committee does not have decision- or policy-making capacity. Centralized YEMAC management has, since 2005, also made it difficult for NGOs to obtain independent funding for VA/disability projects and has caused some international organizations to leave.<sup>29</sup>

Survivor responses reflect this. Only 44% knew who was in charge of VA; some 27% thought coordination with NGOs had improved since 2005, and 22% reported more coordination with the disability sector. Only 7% thought survivors or their representatives were included in VA coordination. Practitioners agreed: 75% saw no improvement in VA coordination or the government's coordination with NGOs. None of the practitioners thought that the needs of survivors were taken into account when developing plans or survivors were included in planning.

It should be noted that the successes YEMAC has scored are almost solely dependent on the efforts made by its top management, as already noted in evaluations in 2005.<sup>30</sup> This was also acknowledged by YEMAC itself in 2009, which said the head of the YEMAC VA department lacked capacity and needed to be more proactive. The capacity of the relevant ministries was said to be fair, but not adequate in all areas due to limited budgets.

Yemen has been increasingly active on disability issues because of the increased capacity of the SFD and because of a World Bank support project to develop the disability sector. The SFD is considered to be one of the most effective poverty alleviation networks in the region and the only public institution that supports both policy reform and service delivery for disability. There also are other disability coordination mechanisms, such as the Rehabilitation Fund and Care of Handicapped Persons (Disability Fund), a disability union, and several disabled people's organizations, most of which are well-coordinated. However, they lack government support and human resources. The completion of a disability strategy has also been pending ever since the first version forwarded to the Prime Minister in 2005 was deemed insufficient because it lacked a thorough situational analysis.

YEMAC said in 2009 that it had tried to approach the World Bank and SFD for more cooperation, but that there are no clear prospects for the near future. It added that SFD and the Disability Fund only assist those registered with them and that very few survivors are registered. Several NGOs have expressed interest to YEMAC in integrating mine/ERW survivors into their activities more, particularly social and economic activities. In 2008, YEMAC reported it aimed to close its VA program by 2014, but it is unclear if any transition mechanisms are in place.<sup>31</sup>

# Conclusions

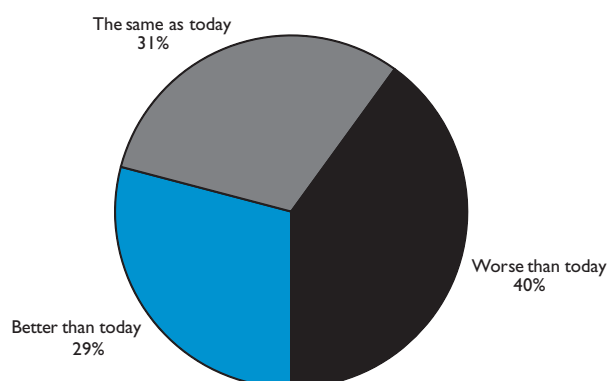
- YEMAC's VA program has been beneficial for the survivors it managed to reach, but its geographical scope and program range were too narrow.
- No changes have been made to the YEMAC program to cover the more varied needs of survivors.
- Economic reintegration activities were insufficiently supported.
- The departure of international NGOs which found Yemen a difficult place to work in and secure funding for has negatively impacted VA activities.
- Not enough linkages have been sought with civil society and with the broader disability, social assistance or development sectors.
- National funding for VA and for disability was insufficient and, in the rehabilitation sector, complicated by unclear responsibilities between key ministries.

## Suggestions for the way forward

When asked about how they saw their situation in five years: 40% of survivors thought it would get worse, 31% thought it would remain the same, and just 29% thought it would be better. To assist in a better future ahead, the following suggestions may be taken into account:

- Decentralize the VA program, strengthen its follow-up capacity, and reorient it toward a less medical approach.
- Proactively find (international) funds for economic reintegration and ensure that survivors are more systematically referred to other service providers.
- Integrate VA and the YEMAC experience in broader disability, health and development strategies; actively seek survivor inclusion in existing programs; and ensure sufficient VA capacity at YEMAC in the meantime.
- Ensure that survivors are eligible for programs for persons with disabilities or vulnerable groups, for example through SFD.
- Ensure inclusion of the needs of survivors in the disability strategy under development.
- Allocate sufficient national funds to VA and to disability more broadly.

### What do you think your situation will be like in five years?



- Include survivors more systematically into VA, as well as into general disability planning and implementation.
- Increase interaction with civil society while guaranteeing its independence.



Ahmed Naji (middle) being interviewed  
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### In their own words...

Respondents described themselves as: patient, suffering a complex, depressed, strong-willed, determined to overcome illiteracy, perseverant, frustrated, ambitious, and persistent.

### In their own words...

The main priority for VA for the next five years is:

- Care for us and coordinate with us.
- Improve the living standards of survivors.
- Collect our information and integrate us into society.
- Provide follow-up care.
- Offer us jobs and housing.
- Training and rehabilitation.
- Provide repairs for prosthetics near our homes.
- Give us better work opportunities.

### In their own words...

If countries really cared about survivors they would:

- If they did, I would answer this question.
- Support the survivor association [YALS] so it can do more for us.
- Give survivors their full rights.
- They do not but I wish they would.
- Offer us a decent income.
- Be earnest and honest in their concern.
- Give us a chance to get a job.
- Increase their economic, social and cultural status.
- Give them their rights in terms of employment and involve them in decisions.
- Help us make a living.
- Visit us and take our needs into consideration



Saleha in her village  
© Gamila Muhammad Awad

### In their own words...

A diverse range of opinions were expressed in survey responses and some respondents chose to include comments about services, such as:

Yahya Abdu Muhammad was tending his herd in the mountains when he set off a landmine that led to the amputation of one of his legs. He says:

*“I received initial medical care only, no follow-up. Ten years later, I made the eight-hour journey to Sana’a to get a prosthetic leg which cost 50,000 riyals (US\$250). I would like to have a service like this closer to home and free of charge.”*

Saleha Bint Muhammad, a 72-year-old widow, noted:

*“Since my injury while herding sheep in 1982, I have suffered from headaches and vision difficulties. As a woman, I do not get the support I need. I feel men get more opportunities.”*

Ahmed Naji lost his both legs in an antipersonnel mine incident while in the army. He lives in a very mountainous area in al-Dhale. He said:

*“I have been given a wheelchair, but I cannot use it in this area. I feel weak, as I am unable to move and services are inaccessible.”*

Gamila, one of the interviewers, added:

*“Most male survivors had big families to support but hardly any income. The female survivors interviewed were usually illiterate and had been injured while herding. All survivors found it tiring and costly to go to the post office to collect their small pensions, but they think people in even more remote areas are not receiving services from anyone. Although the survivors said they need health, educational, social and psychological services, what they want above all are work opportunities suitable to their disability and to live in dignity and with respect in their community.”*